

# SENATOR MIKE JOHANNNS

## CONSTITUENT SERVICE FORM

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone\_\_\_\_\_ Cell\_\_\_\_\_

RETURN FORM TO:  
SENATOR MIKE JOHANNNS  
Attention: \_\_\_\_\_

## SUPPLEMENTAL INFORMATION

Social Security #\_\_\_\_\_ Veterans Claim # (if Applicable) \_\_\_\_\_

Date of Birth\_\_\_\_\_ Civil Service # (if Applicable) \_\_\_\_\_

Area of Inquiry\_\_\_\_\_

Specific Goal of Inquiry\_\_\_\_\_

To encourage better coordination among government offices, have any other agencies or elected officials been contacted about this issue? If so, which ones and when?

### DISCLOSURE AUTHORIZATION

*The Privacy Act of 1974 prohibits the government and private entities under contract to administer government programs from revealing information from the personal files of individuals without the express permission of the person involved. Disclosure of personal records to a United States Senator who is acting on behalf of a constituent is prohibited unless the individual to who the record pertains has consented. I, the undersigned, hereby authorize Senator Mike Johannns and his staff to receive information in my file to his inquiry on my behalf.*

NAME (please print) \_\_\_\_\_

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

**PLEASE ATTACH AN EXPLANATION OF YOUR SITUATION AND COPIES OF PERTINENT DOCUMENTS, LETTERS, ETC.**